

Henry Aulthome

Died at ^{Town} Farmington

County

Carroll

MARYLAND

Date 1902 ^{Month} June ^{Day} 23 ^{Y.} 70 ^{M.} 8 ^{D.} 4 ^{Native of} Maryland ^{Occupation} Retired Farmer
 Male White Married ~~Widower~~ ~~Widower~~ Number of children living Eleven
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Martha J. Aulthome

Father's Name William Aulthome Mother's Name Lydia Aulthome
 Wife

Cause of ^{Primary} Senile PhthisisHow long sick
6 monthsDeath ^{Immediate} Exhaustion~~Accident~~ ~~Suicide~~ ~~Homicide~~Reported by George T. MotterAddress Farmington, Md.



Time
in
Full

CERTIFICATE OF DEATH

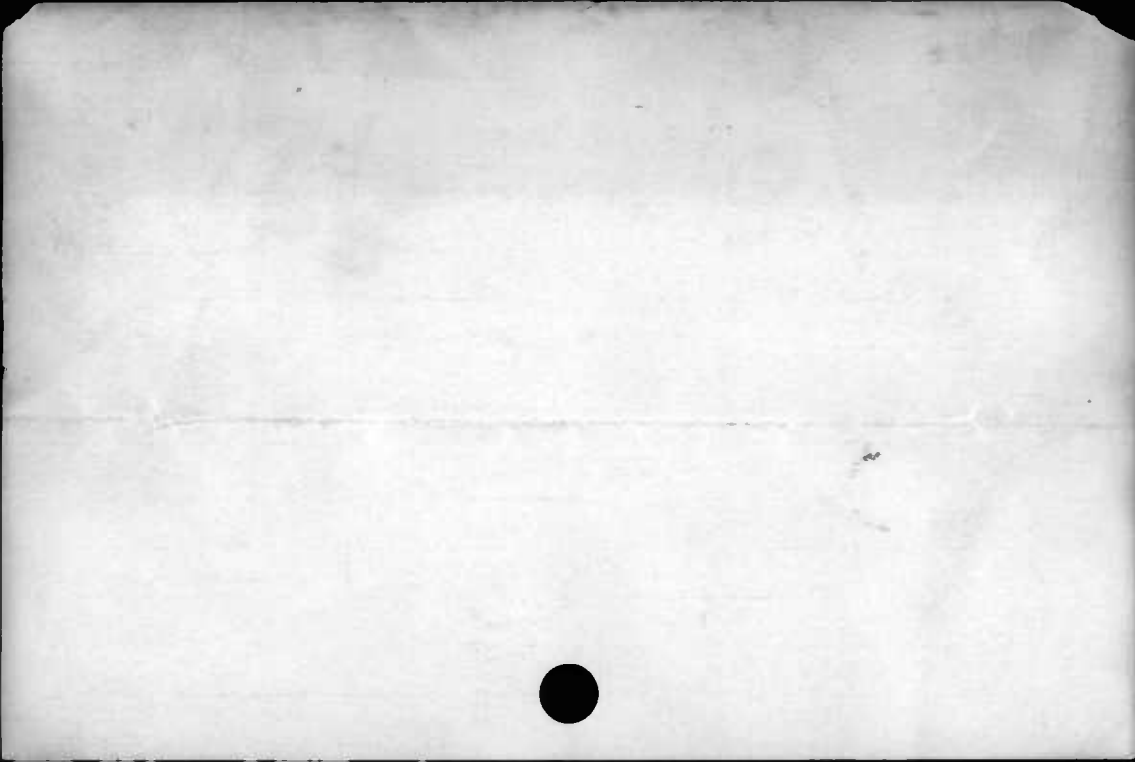
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>29</i>	Age <i>80</i>	Months <i>5</i>	Days <i>18</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Talbot Co Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Naval Officer</i>				
Name of Wife or Husband <i>Sarah Lloyd Bennett</i>					
Father's Name <i>Thomas Pennington Bennett</i>			Father's Birthplace <i>Talbot Co Md</i>		
Mother's Maiden Name <i>Harriet Gibson</i>			Mother's Birthplace <i>Talbot Co Md</i>		
Name of person giving information <i>C Lowndes Bennett</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis - Cerebral Hemorrhage</i>	How long <i>3 days</i>
Immediate <i>Failure of Respiration</i>	How long <i>3</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Daniel B. Sprecher</i>
<i>64</i>	Address <i>Sykesville Md</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Mrs. John Blizzard

Town

County

Died at

Sandyville Carroll

MARYLAND

Date 1902

June 1

Age

34-6-

Native of

Md

Occupation

Housewife

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living 6

Wife of

Wife

Father's

Name

John Blizzard - 137
Samuel Erb. Maiden Name could not learn

Cause of

Primary

Miscarriage - 2 weeks

Death

Immediate

Septisæmia, Exhaustion

How long sick

Accident, Suicide, Homicide

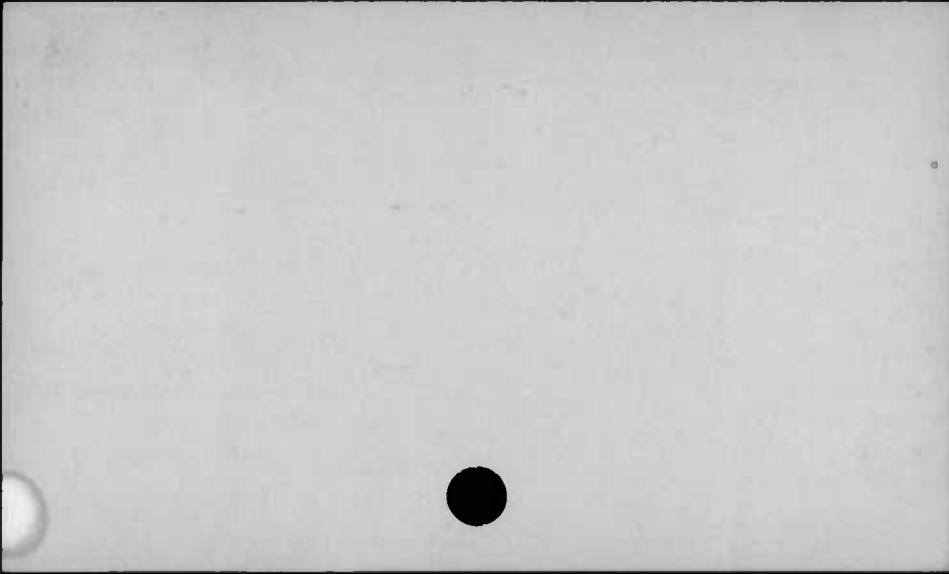
Reported by

Chas. R. Foutz, M.D. & J. H. Billingsbe, M.D.
Westminster, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Susan R Boase

Town

County

MARYLAND

Died at

Manchester Carroll

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 14

Age

76 11 22

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Henry Boase

Father's

Mother's

Name

Maiden Name

Coltrider

Cause of

Primary

Valvular of Heart

How long sick

6 Months

Death

Immediate

dropsy

Accident, Suicide, Homicide

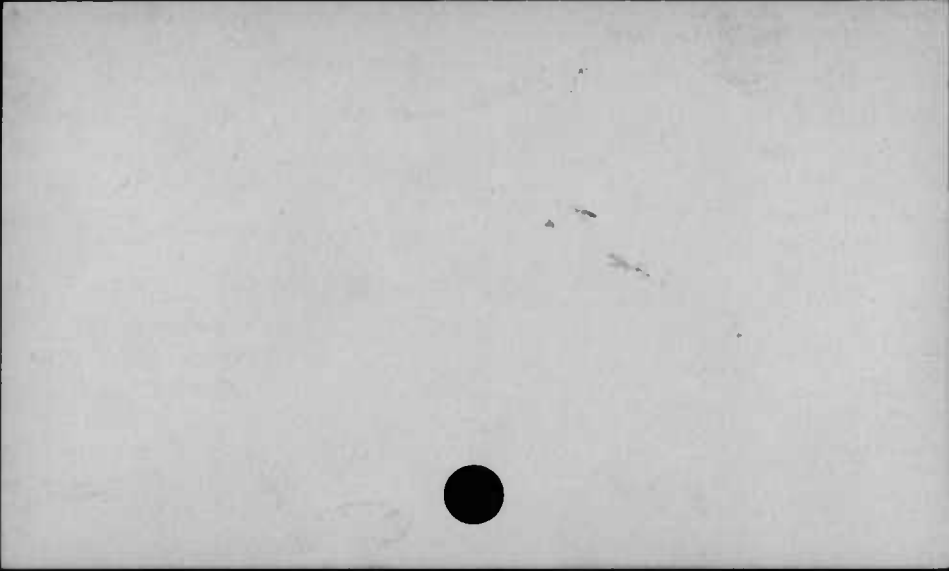
Reported by

J. H. Preston M.D.
Manchester

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Margaret A. Beymers

Town

County

Died at

Wakefield Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

7

Age

59

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Dropped Dead

Death

Immediate

Heart - Deas

79

~~Accident, Suicide, Homicide~~

Reported by

G P Beiler

Address

New Windsor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Cliffandra W. Brown

CERTIFICATE OF DEATH

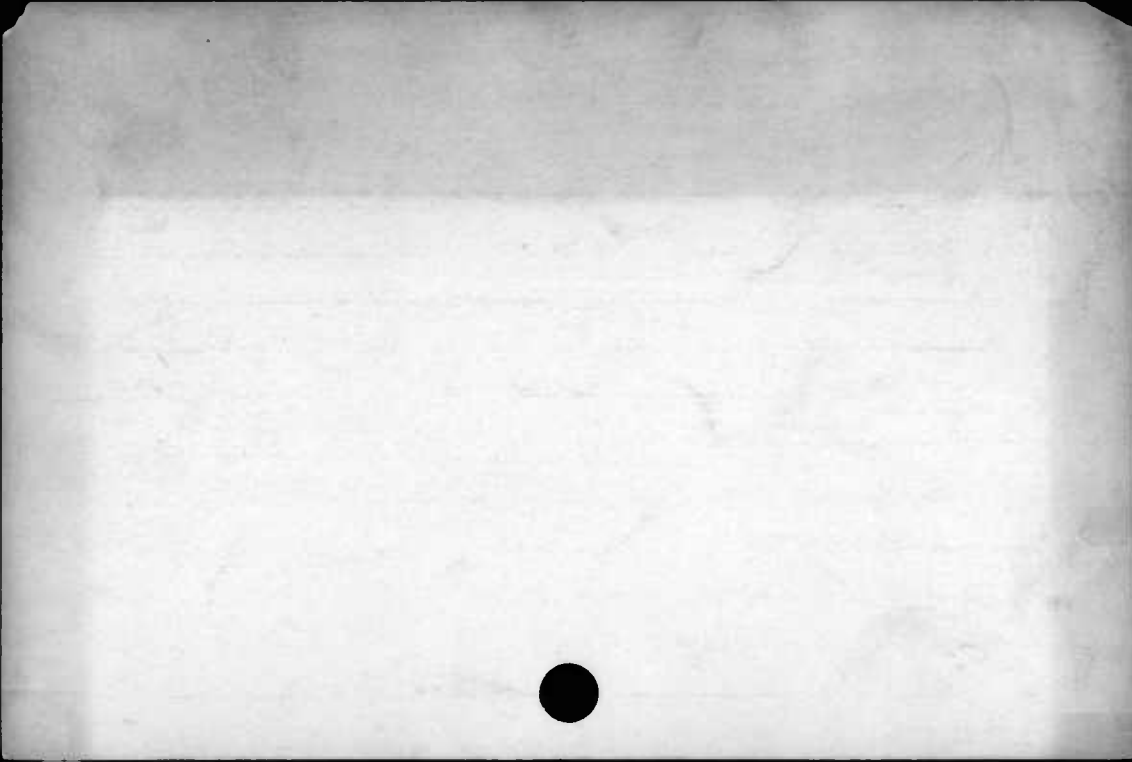
Died at <i>Glen Falls</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>11</i>	Years <i>61</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Butts co</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Day Laborer</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>James Brown</i>			Father's Birthplace <i>Butts co</i>		
Mother's Maiden Name <i>Annie M. Brown</i>			Mother's Birthplace <i>M. G.</i>		
Name of person giving information <i>John H. Brown</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>Don't know</i>
Immediate <i>Coma - 120</i>	How long <i>Complaining for some time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. Row Price, M.D.</i>
<i>Yes</i>	Address <i>Glyndon Md.</i>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Ella M. Cassell
 Town *Wakefield* County *Carroll*

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

7

Age

32

Ind~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~0~~~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

*Paralysis**66.*

How long sick

3 weeks~~Accident, Suicide, Homicide~~

Reported by

L P Baile

Address

New Windsor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name In Full

Certificate of Death

Nelson, Oliver

Town

County

Died at *Wm. Spiveyville**Barro*

MARYLAND

Date *1891* *9* *02* - *6* - *8*

Month

Day

Y.

M.

D.

Native of

Occupation

Age *1* - *4* - *2*

Age

md

Male

*White**Married**Widow**Divorced**Female**Colored**Single**Widower**Number of children living*Husband
of

Wife

Father's

Name

Mother's

Name

*Nellie Nelson*Cause of *Primary*

Primary

*Pertussis**8*

How long sick

*2 weeks*Death *Immediate*

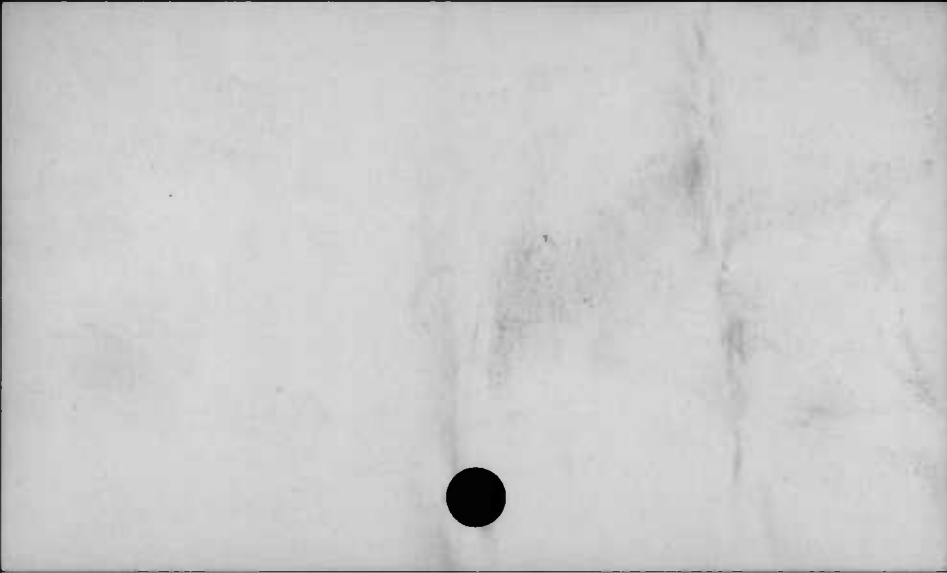
Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Margarett A. Colson

Town

County

Died at

Woodbine

Carroll

MARYLAND

Date 1899 June 6 4 4 65 Ind Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Wm Colson

Father's

Mother's

Name

Name

Cause of

Primary

Consumption

How long sick

6 mo

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Dr. A. B. Brown

Address

Winfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Make permit to
Basil W Bonneau
Poplar Spgo
me

Funeral
June 5

Name in Full

Certificate of Death

Died at

Date 1902

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

2

Md.

Female

Colored

Single

Widow

Divorced

Number of children living

Mother's
Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

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Name in Full

Certificate of Death

Daniel Garrett

Town

County

Died at

Manchester

Carroll

MARYLAND

Date 189

1912

Month

Day

June

1

Age

Y.

M.

D.

84

6

9

Native of

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

7

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Hypertrophy of Heart -

How long sick

Several months

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

J. H. Sherman M.D.

Address

Manchester

Carroll Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

John Geiman ✓

Certificate of Death

Died at ^{Town} Melrose ^{County} Carroll MARYLAND

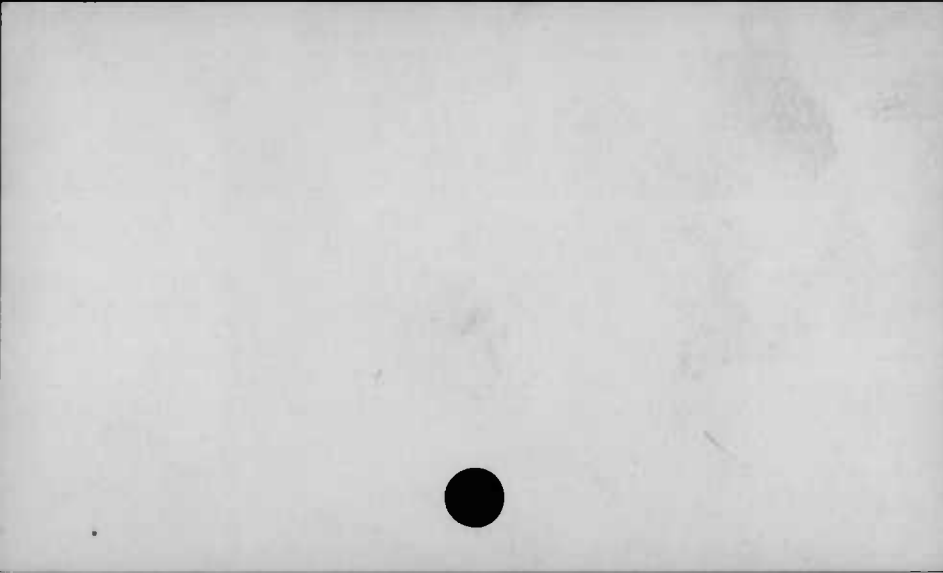
1904
Date 189 ^{Month} June ^{Day} 10 ^{Y.} 89. ^{M.} 2 ^{D.} 12 ^{Native of} Maryland ^{Occupation} Farmer
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 7

Husband of Mary Wz deis.
 Wife
 Father's Name Christian Geiman Mother's Name not known ^{Family Name} Miller

Cause of Death Primary Cancer. 45 How long sick 9 mos
 Immediate Asthenia Accident, Suicide, Homicide

Reported by John Szienler M.D.
 Address Melrose Md. ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No 39

Winfield C. Gilbert.

Town

County

Died at Union Bridge Carroll

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	6	27	53			MD	Coach Smith

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

7

Husband of Adelaide Gilbert,

Father's Name	Mother's Maiden Name
Wm Ely Gilbert	Sophia Hefner

Cause of Death	Primary	How long sick
Atrophy of Liver	3 years	

Immediate

~~Accident, Suicide, Homicide~~

Reported by Dr. Hubert Brown M.D.

Address Union Bridge MD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Godfrey

Town

County

Died at

Springfield State Hospital, Carroll Co. Sykesville MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

11

Age

52

Bellevue

Unknown

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living ?

Husband
of ?

Wife ?

Father's ?

Name ?

Mother's

Name ?

Cause of

Primary

Chronic Nephritis

How long sick

only 6 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

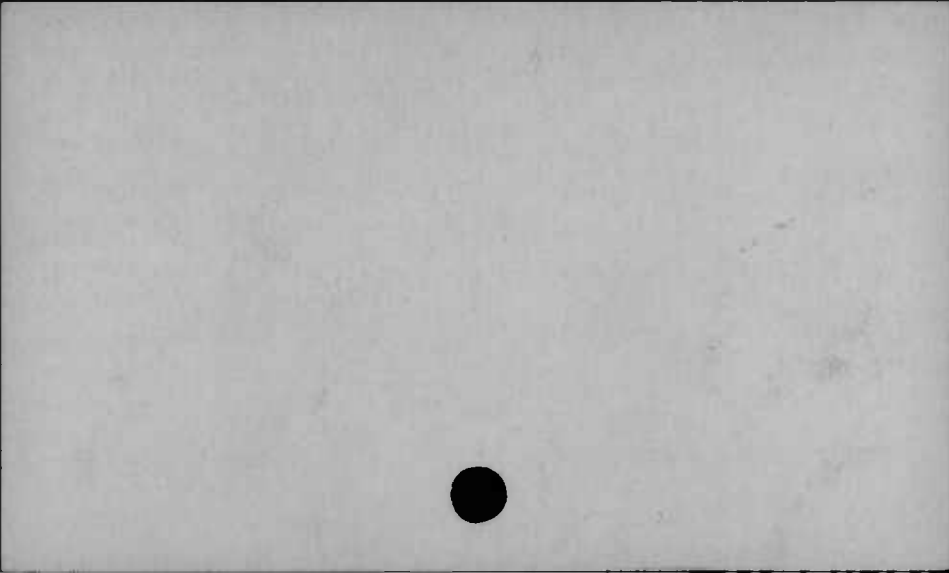
Reported by

Address

John Norfolk Morris, M.D.
Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Name in Full **Mrs Jane Grimes**

CERTIFICATE OF DEATH

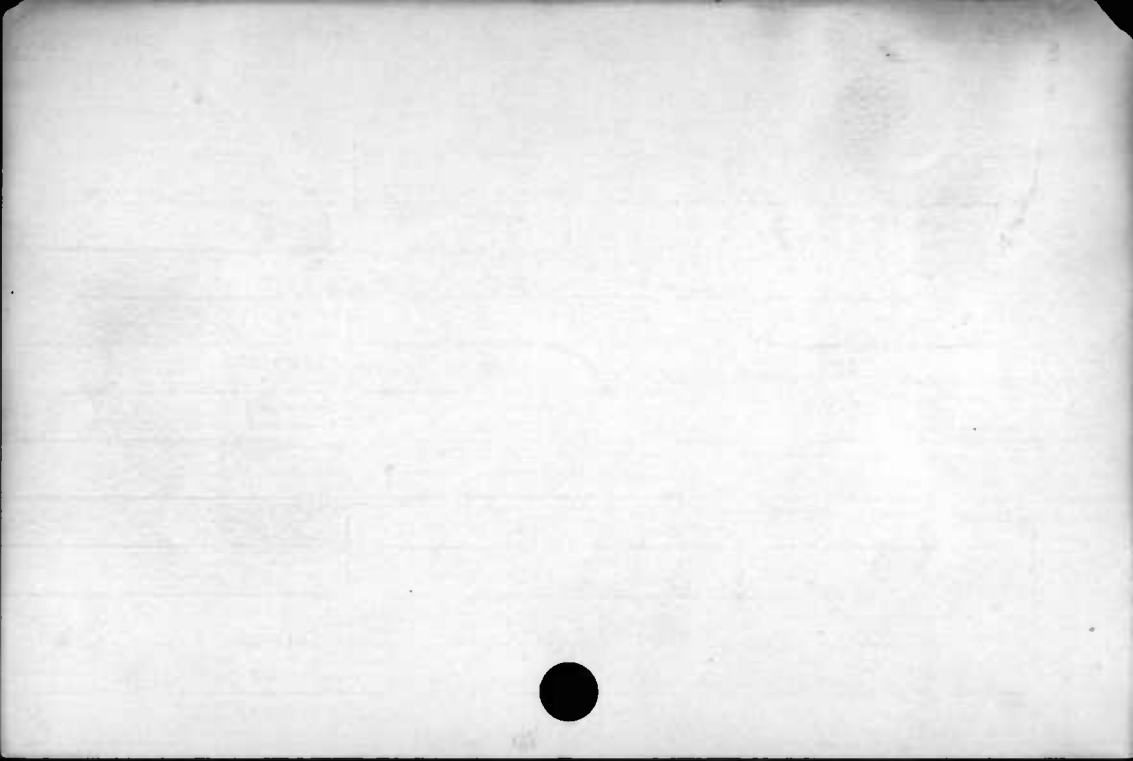
TO BE ANSWERED BY
NEAREST FRIEND

Died at Sylkesville <small>Town</small>		Carroll <small>County</small>		MARYLAND	
Date of death 190	2 <small>Month</small>	June <small>Day</small>	25 <small>Year</small>	74 <small>Years</small>	74 <small>Months</small>
Sex Female	Color or Race White	Birth-place Balto, Co			
Married, Single or Widowed Yes	Occupation Housewife				
Name of Husband Jerome Grimes					
Father's Name Caleb Fulkham			Father's Birthplace Balto Co		
Mother's Maiden Name Elizabeth Gibbs			Mother's Birthplace London England		
Name of person giving information Jerome Grimes			How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suppurative Endocarditis from Gripp	How long 5 weeks
Immediate	Heart Syncope	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Daniel B. Sprecher,
As far as I know		Address Sylkesville, Md.
Accident or Suicide?		



Infant

Died *near Eldersburg, Carroll* MARYLAND

Town *Eldersburg* County *Carroll*

Date 1902 *June 24* Y. *-* M. *-* D. *1/2* Native of *md.* Occupation *-*

White ~~Colored~~ *Male* ~~Female~~ *Married* ~~Single~~ *Widow* ~~Widower~~ *md.* ~~Number of children living~~

Husband of *-* Wife *-*

Father's Name *Robey Herring* Mother's Maiden Name *Carrie DeVries*

Cause of Death { Primary *Premature birth at 5 mos.* Immediate *lived 1/2 hour.* How long sick *-* ~~Accident, Suicide, Homicide~~

Reported by *MD Morris. MD.*

Address *Eldersburg. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

me in Full *204* *Joseph Knott*

CERTIFICATE OF DEATH

Canolleton County *Camble* MARYLAND

Date of death 190 *2* June *4* Day Age *80* Years Months Days

Sex *Male* Color or Race *Black* Birth-place

Married, Single or Widowed *Married* Occupation *Laborer*

Name of Wife or Husband *Annie Ireland*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *93* How related to deceased

CAUSES OF DEATH

Primary *Pneumonia* How long *2 weeks*

Immediate " " How long " "

Are the name, age, sex, color, date and place correctly given above? *I think so*

Signature of Physician *Jos. J. Herring MD* Address *Wetmore St Maryland*

Accident or Suicide?

Name in Full

Certificate of Death

Lydia E. A. Lester

Town

County

Died at

Roseville

Carroll

MARYLAND

Date 1902 Month June Day 7 Age 73 Y. 8 M. 4 D. 4 Native of Maryland Occupation Housewife

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐ Number of children living 6

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of Nathaniel Lester

Wife

Father's Name Henry Keller Mother's Name Elizabeth Zimmerman

Cause of Death Primary General Debility 54 How long sick

Death Immediate Accident, Suicide, Homicide

Reported by

J. H. Sherman M.D. Manchester

Address

Carroll Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU. 79706



Name in Full

Certificate of Death

Lev Albert - Liffy

Town

County

Died at

Snydenburg

Carroll

MARYLAND

Date

1902

Month

Day

June 6

Y

M.

D.

Age

8

1

15-

Native of

Maryland

Occupation

farmer's son

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Joseph Liffy

Mother's

Name

Martha A. Deane

Cause of

Primary

Cerebro spinal meningitis

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. H. Sherman Esq. 612
Manchester Carroll Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Abrams Long

15.

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

23

Age

82

Md

Blacksmith

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Apoplexy

64

How long sick

Dropped dead

Accident, Suicide, Homicide

Reported by

L P Bader

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7998



Died at

Frank Nicholson
FinksburgCounty
Carroll

MARYLAND

Date 19

on June 19

Age

27 6

Native of

Desware

Occupation

Dairyman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Dean

Cause of

Primary

Tuberculosis

How long sick

3 or 4 mo.

Death

Immediate

Urakys

Accident, Suicide, Homicide

Reported by

I. K. Brown

Address

Glyndon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Oliver Cleveland Reaver

Died ^{near} ^{Town} Janeytown

County

Carroll

MARYLAND

Date 1902 Month June Day 17th Age Y. 15. M. 8. D. 1 Native of Maryland Occupation Laborer

Male White Married Widowed
 Female Colored Single Widowed

Number of children living ~~Five~~

~~Husband~~~~Wife~~

Father's Name William Rufus Reaver

Mother's Name Sarah C. Reaver

Cause of Primary Appendicitis

Death Immediate Shock

How long sick

several days -
operation~~Accident, Suicide, Homicide~~

Reported by George T. Mottin M.D.

Address Janeytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 70706



Name In Full

Certificate of Death

Sarah Seymour
 Died at *Hampstead* Town *Carroll* County MARYLAND
 Date 1902 *6-15* Month Day Y. M. D. *68* Age *Wid* Native of *Housewife* Occupation
White ~~Colored~~ *Married* ~~Single~~ *Widow* ~~Divorced~~
 Female ~~Male~~ Number of children living

Wife of *Abraham Seymour*
 Father's Name *Seymour* Mother's Name *Seymour*
 Maiden Name

Cause of Death { Primary *Mitral Regurg* 79 How long sick *2 yrs*
 Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *Edgar M. S. Bugh M.D.*
 Address *Hampstead, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



ne
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

240

Ruth Ann Shipley

MARYLAND

Died at <i>East Carroll</i>		County	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>27</i>	Age <i>77</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co. Md</i>	Months <i>11</i>
Married, Single or Widowed <i>Single</i>	Occupation		
Name of Wife or Husband			
Father's Name <i>Adam Shipley</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Ruth Christman</i>		Mother's Birthplace <i>Ido</i>	
Name of person giving information <i>Rachel Post</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Hemiplegia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M D Morris</i>
	Address <i>Eldersburg, Md.</i>
Accident or Suicide? <i>—</i>	

Name in Full

Certificate of Death

Milker Dennis Jerome Spriggs

Town

County

Died at

Sykesville

Carroll

MARYLAND

Date 19

02

Month

Day

June 2

Y.

M.

D.

Native of

~~Occupation~~

Age

2

Md.

Male

~~Female~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Dennis Spriggs

Mother's

Maiden Name

Mary Spriggs

Cause of

Primary

Whooping Cough

How long sick

6 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Dennis Spriggs

father

Address



Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Elijah Ayers

Pastor of Sykesville Circuit

M.E. Church.

Name in Full

Certificate of Death

Died at *Manchester* *Carroll* *MARYLAND*
 Town County

Date *1902* *June* *15* Y. *3* M. *3* D. *3* Native of *American* Occupation *—*

Male *Male* White *White* Married *Married* Widow *Widow* Divorced *Divorced*
 Female *Female* Colored *Colored* Single *Single* Widower *Widower* Number of children living *—*

Husband of *—*
 Wife *—*

Father's Name *Lucious Flower* Mother's Name *Ella Flower*

Cause of *Primary* *Tuberculosis* How long sick *27*

Death *Immediate* *Cold* Accident, Suicide, Homicide *—*

Reported by *Dr. Preston* *Th. W.*

Address *Manchester* *Me*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. W. H. Preston
of Manchester

Seen by Coroner —
of —

Information contained in this certificate re-
ceived from Amoson Shover
of Amherst

Name in Full

Certificate of Death

Louise Fote Russell

Died at *New Windsor* Town *Carroll* County

MARYLAND

Date 1902 *June 16* Month Day Y. M. D. Age *55* Native of *N.Y.* Occupation *Housewife*

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widow~~

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Either Apoplexy or Heart failure

How long sick

immediate

Death

Immediate

*falling in bath tub**let*

Accident, Suicide, Homicide

Reported by

Geo. A. Russell

Address

New Windsor Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

235 Helen. G. C. Turple

Town

County

Died at Westminster

Carroll

MARYLAND

Date 1902 June 9th Y. M. D. Age — — 8 Native of Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Charles V. Turple

Maiden Name

May Rahiter

Cause of

Primary

Sloughing of Cornea
Internum

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jas. H. Billings Can J.H.D.

Westminster Md. ✓

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Full

George Washington Ward, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Cornell</i> County		MARYLAND	
Date of death 190 <i>2</i>	<i>June</i> Month	<i>13th</i> Day	Age	<i>5</i> Months	<i>7</i> Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Westminster</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>George Washington Ward</i>			Father's Birthplace <i>Howard Co.</i>		
Mother's Maiden Name <i>Susan Whann Harris</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>George Washington Ward.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Meningitis</i>	How long <i>4 days</i>
Immediate <i>" " "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Harris</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Oak Grove Cemetery,
Glenwood, Howard Co., Md.

Gertie May Warner

Town

County

Died at

Long

Carroll

MARYLAND

Date 189 2 June 8 20 9 Maryland House wife
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ Widower Number of children living one

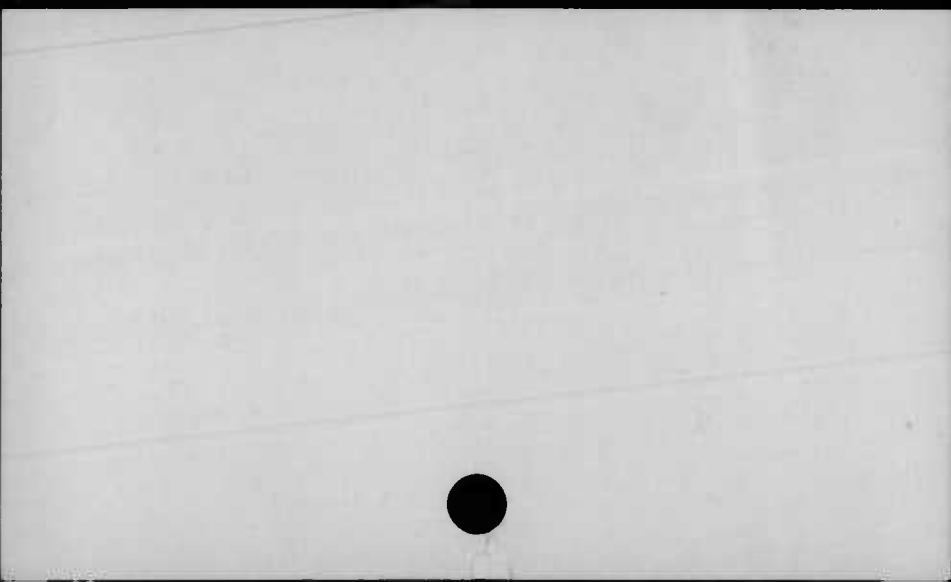
~~Husband~~ of Erl R Warner
 Wife

Father's Name Henry Cronin Mother's Name Sarah Cronin

Cause of Death { Primary Albuminuria - Uria (138) How long sick 12 hours
 { Immediate Puerperal Eclampsia ~~Accident, Suicide, Homicide~~

Reported by E D Crook

Address Winfield Carroll Co,



Name in Full

Certificate of Death

Died at

Date 1902

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6

3-

Age

57

Md.

farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

4 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70303



Miss Sophia Wilson-

Died at ^{Town} Springfield ^{County} State Hospital. Sykesville MARYLAND

Date 1902 ^{Month} 6 ^{Day} 6 ^{Age} 72 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} Home keeper.

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of
 Wife

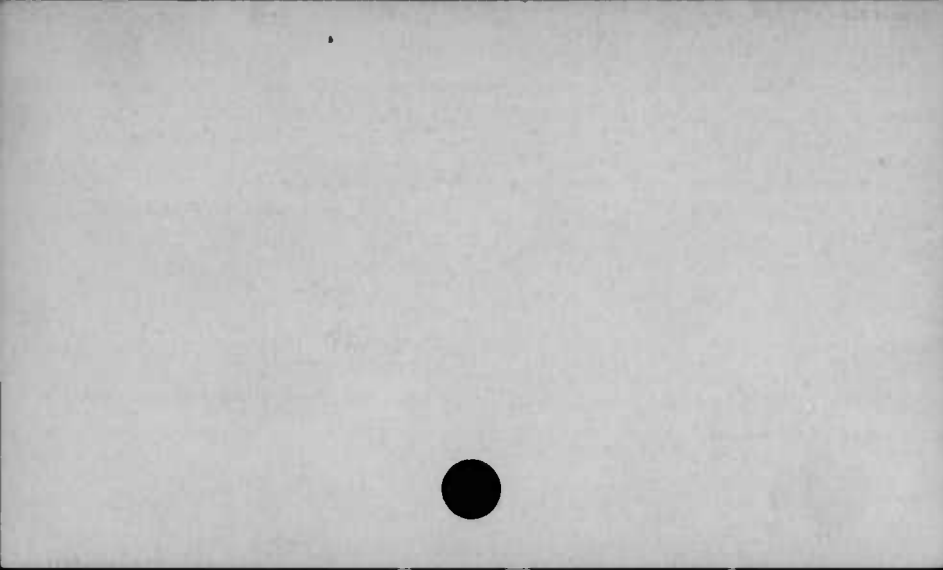
Father's Name Wm. L. Wilson Mother's Maiden Name Nannie Danbin

Cause of Death { Primary Dementia.
 Immediate Exhaustion. 68
 How long sick one year.
 Accident, Suicide, Homicide

Reported by J. M. Thornton, M.D.

Address Springfield State Hospital. Sykesville. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Adam L. Hood.

Town

County

Died at *Springfield State Hospital, 24 Kernville, Carroll Co.* MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1901	6	25	Age	38	-	Md	Carpenter
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	5		

Husband of -

~~Wife~~


Father's -

Mother's

Name Maiden Name -

Cause of	Primary	How long sick
Death	Chronic Diarrhoea	Over 3 months
	Immediate Exhaustion	Accident, Suicide, Homicide

Reported by John Norfolk Morris M.D.

Address *Kernville*  *Carroll Co. Md -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75908

